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ACADEMIC STANDARDS COMMITTEE

April 25, 2013
3:00 p.m. – 4:00 p.m.
Agricultural Sciences Bldg. – Room 409

Agenda

Call to Order – David Hole

Approval of Minutes

Business

Academic Record Adjustment and Request for Refund Policy.

Next Meeting

Thursday, August 22, 2013
Agricultural Sciences Bldg. – Room 409
3:00 pm

Request for Refund / Academic Record Adjustment Policy

Students requesting a refund or an academic record adjustment must submit a *Request for Refund / Academic Record Adjustment* form to the Logan Registrar's Office, nearest regional campus, or USU-Eastern campus. Requests will only be considered if extenuating circumstances exist. The term "extenuating circumstances" includes:

- (1) Incapacitating illness or medical procedure of a student or a student's *immediate family member preventing a student from attending or participating in class(es) for a minimum period of two weeks for full semester courses and one week for shortened courses (summer or partial semester).
- (2) Death of an *immediate family member.
- (3) Change in work schedule as required by employer.
- (4) Judicial obligations.
- (5) Active military duty.
- (6) Other circumstances deemed extenuating by the Registrar or his/her designate(s).

*Immediate family member is defined as: fiancé, spouse, parent/step parent, sibling/step sibling, child/step child, mother or father-in-law, or legal guardian/primary care taker.

A maximum of two semesters may be adjusted per degree. No adjustments will be made after a degree has been awarded. Requests must be submitted within two years of the desired adjustment.

The student must attach:

- (1) An appeal (preferably typed) clearly explaining and justifying the request.
- (2) Supporting documentation confirming the extenuating circumstances.
- (3) An email from each instructor summarizing the student's participation in the course.

Forms can be found through the Registrar's Office forms link at www.usu.edu/registrar.

The cost for an academic record adjustment is a \$20 nonrefundable processing fee and does not guarantee approval. There is no cost to submit a request for refund. If the request is denied, the student is allowed one appeal; additional documentation will be required and an in-person hearing could also be mandatory depending on the student's location.

Request for Refund / Academic Record Adjustment Policies and Student Agreement

Part 1 Proof of Extenuating Circumstances

- Requests for refund and/or academic record adjustments are approved only upon demonstration of extenuating circumstances that are beyond the student's control. Circumstances considered "extenuating" are defined in **Table 1** below along with the minimum documentation required to support a claim. Documentation of all circumstances is required.

Table 1

Extenuating Circumstance	Minimum Documentation Required
Incapacitating illness or medical procedure of a student or a student's *immediate family member from attending or participating in class(es) for a minimum period of two weeks for full semesters or one week for shortened courses (summer or partial semester).	Signed letter (on letterhead) from a medical doctor, nurse practitioner, or physician's assistant. The medical professional must indicate that the illness/procedure was incapacitating for at least two weeks and made successful completion of the course(s) impossible.
Death of an *immediate family member (see definition above).	Obituary, funeral services program, or death certificate.
Change in work schedule as required by employer.	Signed letter from employer indicating a required change in work schedule that directly conflicts with the student's course schedule.
Judicial obligations.	Court order indicating obligations which will prevent course participation for a minimum period of two weeks (jury duty notice, etc.)
Active military duty.	Official notice of military requirements, or letter on letter head from a military official, clearly outlining dates of required service.
Other circumstances deemed extenuating by the Registrar or his/her designate(s).	Student must provide documents to support the claim. Additional documentation may be required and requested of you.

* Immediate family member is defined as fiancé, spouse, parent/step parent, sibling/step sibling, child/step child, mother or father-in-law, or legal guardian/primary care taker.

- If appropriate documentation is not provided or additional documentation is required, it will be requested of the student via email. The student will have five (5) business days to provide that which is requested. If after five business days the requested documentation has not been received, the request will automatically be denied and the student will be notified.

Part 2 Costs and Policies

- The cost to request an academic record adjustment is **\$20** and is non-refundable regardless of outcome. There is no cost to request for refund.
- All requests must be submitted within two (2) years of the desired adjustment.
- A maximum of two (2) semesters may be adjusted per degree.

Part 3 Student Instructions and Requirement Checklist

The student must:

- ☐ **Complete and sign this agreement (Page 1) and the student form (Page 2).** Requests will not be processed if either page is incomplete or missing.
- ☐ Attach an appeal (preferably typed) clearly explaining and justifying the request.
- ☐ Ensure all courses for which a refund is being requested have been dropped with a 'W' notation. Courses in-progress, graded (including 'NF' grades), or marked incomplete ('IF') are not eligible for refund. If a refund is being requested for a graded or incomplete course, the student must also request an academic record adjustment to request that the course grade be changed to withdrawal status 'W'. If in this situation the academic record adjustment is denied, the refund will also be denied.
- ☐ Provide an email from each of their instructors summarizing the student's participation in the course.
- ☐ Attach all supporting documentation. See **Table 1** above for minimum documentation requirements.
- ☐ Pay the \$20 fee (if requesting an academic record adjustment).

Please allow up to two (2) weeks for a decision to be made. You will be notified of the decision via email.

Part 4 Student Agreement and Signature (signature required)

- I acknowledge that I have read and understand the requirements for requesting a refund and/or an academic record adjustment.
- I understand that this is a request and does not guarantee approval.
- I understand that if the request is denied, I am allowed one appeal; additional documentation will be required and an in-person hearing could also be mandatory depending on student location.
- I understand that regardless of the outcome of this request, I am responsible for any debt remaining on my student account including adjusted or revoked financial aid and/or collection costs.
- I certify that, to the best of my knowledge, the information provided on this form and within any attachment is correct and free of alteration or falsification.

Student Signature: _____ **Date:** _____

Student Printed Name: _____ **Student ID:** _____



Request for Refund / Academic Record Adjustment Student Form

Part 5 Request Type(s)

Check one or both of the boxes below.

☐ **Refund of Tuition and Fees** (no charge for application)

If the courses for which you are requesting a refund are graded or marked incomplete, a request for Academic Record Adjustment is also required to request that the grades be changed to withdrawal status 'W'.

☐ **Academic Record Adjustment** (\$20 charge for application)

Please check the box for what you are specifically requesting:

- ☐ Change course grade(s) to withdrawal status 'W'
- ☐ Add course(s)
- ☐ Change in credit amount for variable-credit courses

- ☐ Change course section(s)
- ☐ Other: _____

Part 6 Student Information

Last Name		First Name		Student ID ('A-Number')
Address (number, street, and apt. or suite no.)				
City	State	ZIP Code	Country (if not USA)	
Email Address		Telephone Number () -		Telephone Type <input type="checkbox"/> Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work

Part 7 Course Information (found in your student Access/Banner account)

Semester & Year	CRN (5 digits)	Subject	Course # (4 digits)	Section	Credits	Instructor Name

Student Signature: _____

Date: _____

For Office Use Only

Request for Refund	Request for Academic Record Adjustment
<input type="checkbox"/> Approved for: <input type="checkbox"/> 100% Tuition and Fees <input type="checkbox"/> Less the cost of instruction for \$ _____ <input type="checkbox"/> Other:	<input type="checkbox"/> FRPS Charge Posted By: _____ <input type="checkbox"/> Fee Paid <input type="checkbox"/> Approved for the following changes: <input type="checkbox"/> Change course grade(s) to withdrawal status 'W' <input type="checkbox"/> Add course(s) <input type="checkbox"/> Change credit amount <input type="checkbox"/> Change course Section <input type="checkbox"/> Other:
<input type="checkbox"/> Denied : Reason:	<input type="checkbox"/> Denied : Reason:
Authorized Signature for Approval / Denial:	Authorized Signature for Approval / Denial:
Date of Approval / Denial:	Date of Approval / Denial:
Refund Processed By:	Adjustment Processed By:
Date of Refund:	Date of Adjustment:

